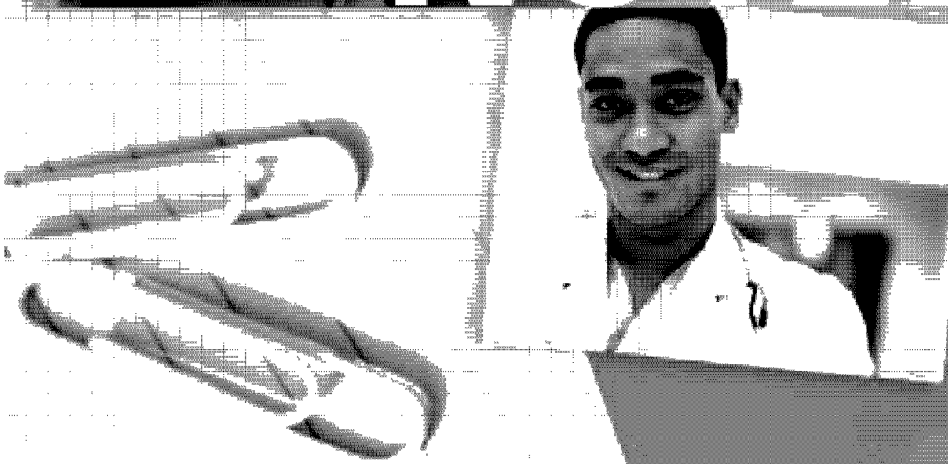
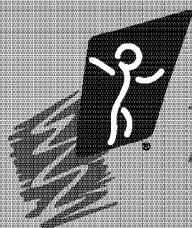


TARGET Chronic Pain NOTEBOOK



Taking Charge
of Your
Pain Care



American Pain Foundation
A United Voice of Hope and Power over Pain

PLAINTIFFS TRIAL
EXHIBIT

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Confidential

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ABOUT THE AMERICAN PAIN FOUNDATION

Founded in 1997, the American Pain Foundation (APF) is the nation's leading independent non-profit 501(c)3 organization serving people with pain. Our mission is to improve the quality of life for people with pain by:

- Raising public awareness
- Providing practical information, education and support
- Advocating to remove barriers and increase access to effective pain management
- Promoting research

This booklet is provided for educational and informational purposes only. APF is not engaged in rendering medical advice or professional services, and this information should not be used for diagnosing or treating a health problem. APF makes no representations or warranties, expressed or implied. Providing references to other organizations or links to other web sites does not imply that APF endorses the information or services provided by them. Those organizations are solely responsible for the information they provide.

USING YOUR PAIN NOTEBOOK

This easy-to-use Pain Notebook was created to help you record your pain experience (when it occurs, for how long, the level and type of pain, possible triggers, etc.), its impact on day-to-day life (what activities you can or cannot do), and how you respond to various treatments over time, including side effects and improvements in daily function and emotional wellness.

Finding the right combination of treatments to relieve pain can take time and patience. By keeping track of what makes your pain better or worse, you will help your healthcare team find the best treatment approach for you. Plus you'll be playing a more active role in your care, which can help you stay positive and feel in control.

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*Pain is different
for everyone.*

Take the time to describe the intensity of your pain and how it interferes with your daily life and functioning. Use this Notebook to keep track of your pain journey and share important information with your healthcare providers and loved ones.

TARGET YOUR CHRONIC PAIN

Get started! Share important information with your healthcare provider.

- 1 **T**alk to your healthcare providers about pain.
 - * Where is your pain located?
 - * Is there something different about this pain?
 - * What does it feel like (e.g., sharp, dull, burning)?
 - * When did it begin? How long does it last?
 - * What is your level of pain most of the time (using your pain scale)?
 - * When is your pain the worst/best? What makes it better or worse?
 - * What is your pain level when you rest? During movement or activity?

- 2 **A**sk about treatments.
 - * What treatments have you tried previously to relieve the pain?
 - * What medications are you currently taking (e.g., prescription, over-the-counter)? At what dose?
 - * What medications have you tried in the past that have not worked or had side effects?
 - * What nondrug therapies do you use (e.g., acupuncture, heat/cold, massage)?
 - * How well do these therapies work?

- 3 **R**ate your pain treatment options by weighing the risks and benefits.
 - * Do you expect a reduction in pain or complete pain relief?
 - * Are you wanting and willing to become more active as pain is reduced?
 - * Have you had negative experiences with previous pain treatments?
 - * Have you had past allergic reactions to medications used in treating pain?
 - * Do you have difficulty with your memory or ability to keep a routine schedule?
 - * Have you had difficulties following medical orders in the past?
 - * Do you have a personal or family history of substance abuse or mental illness?
 - * Do family members or friends with a history of substance abuse, criminal background or mental illness have easy access to your home, workplace or secured locations?

- 4 **G**et details about breakthrough pain.
 - * Do you have breakthrough pain—sudden, brief periods of increased pain?
 - * How often do you experience BTP on an average day?
 - * Do certain activities cause the pain or does it happen unexpectedly?
 - * Have you been treated for BTP? With which medicines?

- 5 **E**xplain any limitation to your daily activities.
 - * What daily activities do you avoid because of your pain (e.g., hobbies, shopping, exercise)?
 - * Does pain interfere with your ability to sleep/walk/work/play?
 - * How does pain affect your mood and relationships?

- 6 **T**alk about side effects.
 - * Are you experiencing side effects from pain medicines (e.g., constipation, drowsiness, nausea, itching)?
 - * What are you doing to decrease or prevent these side effects?
 - * Have you had past allergic reactions to medications used in treating side effects?

HOW TO USE MY PAIN NOTEBOOK

Use your Pain Notebook in a way that is most helpful to you. While you don't have to complete all of the sections provided, it's important to use your Pain Notebook every day—especially on the days you are most in pain. Your Notebook will help you record important information about your physical and emotional comfort that will help your medical team find the most effective ways to treat your pain. It will also help you communicate with loved ones about what your pain feels like and how it is interfering with certain activities and your enjoyment of life.

**REMEMBER: You are the expert on your pain.
And you have the right to have your pain treated.**

Keep your Pain Notebook in a convenient place that's easy to remember, and bring it with you to your appointments. It can help guide discussions with your healthcare provider. A companion TARGET Chronic Pain card is also available at www.painfoundation.org for healthcare providers to use to help support optimal pain care. These materials are designed to work together with your notebook to help improve communication between you and your healthcare provider.

Find a comfortable place to sit. Write down as much information as you can think of about your pain. Inside your Notebook you will find tools to help you track your pain and pain management, including pages to help you write down:

- Your personal pain scale
- Members of your healthcare team
- Questions for your healthcare provider
- Prescription medications, over-the-counter drugs, supplements and herbal remedies that you take
- Ways to cope with and ease pain during a flare up
- Your daily pain experience and level of functioning

Need more pages?

If you need additional pages, visit the American Pain Foundation's web site at www.painfoundation.org to print additional pages.

EACH TWO-PAGE DAILY SECTION (STARTING ON PAGE 15) OF YOUR NOTEBOOK HAS THREE PARTS:

- 1** The first section, the **Daily Pain Chart**, helps you create a visual picture of your daily pain experience. Follow your pain level throughout the day choosing several times that fit your routine; for example, when you get in or out of bed, eat meals, take medicines, get the mail or go for a walk. Make a mark that corresponds to your pain level at these times. For example, if you wake at 7 a.m. and your pain is a 6, place an X where 7 a.m. and 6 intersect on the pain scale. There is an example for you to follow on pages 13 and 14.
- 2** The second section, the **Daily Pain Log**, is where you can record information about your pain—whether it's intermittent, persistent, or breakthrough (see page 6 for descriptions of these types of pain)—treatments, and side effects. Also record days that you have no pain. In addition, use this section to look at how you are dealing and coping with pain. What has helped you most? What is not working?
- 3** Make additional notes in this section to record pain producing activities, as well as times of pain relief. Also keep a record of things you did to relieve your pain. You can draw lines from the events on the Chart to explanations in the Log to show why pain levels went up or down.

Then, at the end of the day, use the **Daily Pain Summary** to give an overview of your pain for the day. Using all of the sections will give your medical team the best description of how your pain changes throughout the day. If it's easier for you to complete one part only, that's okay. The important thing is to track your pain each day. If you are unable to complete a page every day, find someone to help you with the task at least one week. This will still give your medical team an idea of changes in your pain over time. This information also may help your care team adjust your treatment.

**For more information about pain, visit APF's web site
at www.painfoundation.org.**

Here you will find information about the causes of pain, treatment options, how to search for trained specialists, peer support and resources to help you cope with pain. APF's web site also provides links to more than 200 carefully selected web sites on pain and related topics.

WHY MANAGING MY PAIN IS SO IMPORTANT

If you suffer with chronic pain, “sharp,” “stabbing” and “aching” are probably part of your daily life. If untreated or undertreated, pain can negatively impact every aspect of your life. Chronic pain can lead to depression and anxiety, loss of sleep and productivity, inability to work, problems in your relationships, weakness and fatigue. What had been simple tasks, such as making the bed, grocery shopping or dressing, may be difficult because they now aggravate your pain.

Unfortunately, too many people with chronic pain are uncomfortable acknowledging and accepting their condition. Chronic pain is not visible to others and it remains poorly understood by patients, families and providers. This can lead to isolation, embarrassment about its ongoing and unpredictable nature, and feelings of failure for not getting better. It’s so important to stay connected to others. Think about joining a support group to reach out to others who understand. **PainAid** is APF’s online support forum featuring 10 live chats a week and more than 200 message boards. Go to www.painfoundation.org to join.

Understanding that chronic pain is not just a symptom, but a debilitating disease in itself is a new way of thinking. Until recently, pain was considered only as a symptom of a disease or condition, or just a natural part of aging. But we know that ongoing pain is harmful to the body. **Pain should never be ignored.** It should be assessed thoroughly and treated early and aggressively. This is the best way to minimize the suffering and disability often associated with undertreated pain. **When pain is managed, stress is reduced, and the body heals faster.**

When people with pain work together with their healthcare team and take an active role in their pain management, they get the best results possible—less pain and more involvement in life. So, use your Pain Notebook everyday.

If you are suffering with chronic pain you may feel isolated and discouraged, and wonder if you’ll ever find a way to relieve your pain. The first step to achieving good pain relief begins with you. Learn to understand the ups and downs and ins and outs of your pain experience and how it impacts your life.

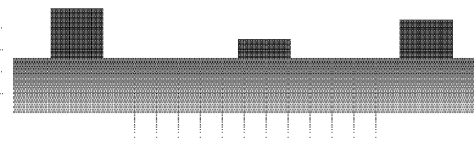
The goal of pain management is to reduce your pain levels and help you get back to living and enjoying life again. If you’re not having success, you may want to consider seeing a pain specialist. The American Pain Foundation’s *Pain Resource Guide: Getting the Help You Need* provides important information about pain and tips to assist you in getting the quality pain care you deserve.

Visit www.painfoundation.org for more information.

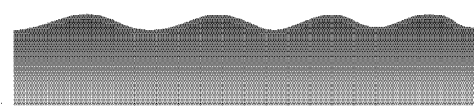
TYPES OF PAIN

- 1 Understanding the different kinds of pain that you may be experiencing (and the terms used to describe them) will help you to better communicate with your medical team.
- 2 ■ **Acute Pain** comes on suddenly, usually from an injury or surgery. It can usually be treated and lasts for a short period of time.
- 3 ■ **Chronic Pain** lasts beyond the usual healing time for an illness or injury. It can last from months to years. At times it can go away completely, or it can remain constant.
- 4 There are a few different types of chronic pain.
- 5 **Intermittent Pain** is episodic. It may occur in waves or patterns. Mild-to-moderate intermittent pain is often treated with nonsteroidal anti-inflammatory drugs (NSAIDs), adjuvant medicines, and nondrug therapies. Moderate-to-severe intermittent pain may be treated with short-acting opioids (strong pain medications).
- 6 **Persistent Pain** lasts 12 or more hours every day for more than three months. It is usually treated with medicine that you take at specific times every day so that you get pain relief throughout the day. Moderate-to-severe pain may be treated with opioids.
- 7 ■ **Breakthrough Pain** comes on quickly or “breaks through” the medicine you are taking to relieve your persistent pain. It can occur many times during the day. This type of pain can be treated with specific medicines used as you need them to get quick pain relief.
- 8 ■ **Pain Flares** are short-term increases in one’s usual level of pain. This pain suddenly erupts or emerges with or without an aggravating event or activity.

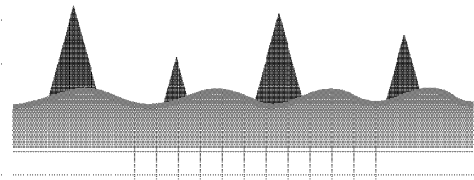
Intermittent Pain



Persistent Pain



Breakthrough Pain



What’s the difference between breakthrough pain and flares?

With BTP, pain emerges from a state of analgesia (pain relief) in which pain medications are already being used. Pain flares are periodic increases in one’s usual level of pain that can occur independently of using pain medications.

10

For detailed information about specific therapies within each of these treatment areas, visit the American Pain Foundation’s web site, www.painfoundation.org, to download or order *Treatment Options: A Guide for People Living with Pain*.

HOW TO BEST COMMUNICATE WITH MY HEALTHCARE TEAM

Good pain management starts with good communication between you and your healthcare provider. This Notebook will show you how to work together.

1

2 You and the members of your healthcare team are partners in managing your pain. Here are some tips to help that partnership work well:

3 **✓ Be prepared and organized.**
Use your Pain Notebook as much as you can. It will give your medical team valuable information about your pain experience between office or clinic visits.

4 **✓ Write down your questions and take notes.**
List your most important questions and concerns first. Bring this list to the healthcare provider's office or the clinic, and take notes as each is answered. Think about bringing a trusted family member or good friend with you to take notes. The stress of a medical visit sometimes makes it easy to miss important information. On page 9 you'll find a form to write down questions or concerns you have for your healthcare provider.

5 **✓ Be honest and open. Don't hold back.**
Remember: You have the information your medical team needs to be able to relieve your pain. You have no reason to be embarrassed or afraid to talk to your medical team. They will take the time to listen to your concerns. If you have a personal or family history of addictive disease or mental illness, tell you healthcare provider so he or she can tailor a pain management plan that is right for you.

6 **✓ Make sure you understand all instructions and explanations.**
If something isn't clear, ask your healthcare provider to explain it again in a different way until you're sure you understand. Before you leave, repeat what you heard back to the person who gave you the instructions. This is a final check to make sure you understand all the details and that your notes are accurate.

7 **✓ Follow the agreed treatment plan.**
Don't make changes without checking with your healthcare provider. If the plan isn't working well, call the office or clinic as soon as possible and explain the problem.

8 **✓ Know the difference between tolerance, physical dependence and addiction.**
Tolerance refers to the situation in which a drug becomes less effective over time.

9 *Physical Dependence* means that a person will develop symptoms and signs of withdrawal (e.g., sweating, rapid heart rate, nausea, diarrhea, goosebumps, anxiety) if the drug is suddenly stopped or the dose is lowered too quickly.

10 *Addiction* refers to a condition when a person has lost control over use of the drug and continues to use it even when the drug is doing them or others harm. People who are addicted engage in unacceptable behaviors like obtaining pain medications from non-medical sources or altering oral formulations of opioids.

11 Unless you have a past or current history of substance abuse, the chance of addiction is very low when these medications are prescribed by a doctor and taken as directed. Ask your provider what you should watch for when taking opioids.

12 Make sure to keep your prescription pain relievers in a safe and secured location.
For tips on safely storing and taking your medication, check out the American Pain Foundation's *Pain Resource Guide: Getting the Help You Need*.

MY HEALTHCARE TEAM



Write down your healthcare providers' names and contact information. This will make it easier for you and your loved ones to communicate with your healthcare team. If you consult multiple healthcare providers, you may want to write down who you see, for what reason and how often.

HEALTHCARE PROFESSIONAL	NAME	PHONE	E-MAIL* <i>(if applicable)</i>
Primary Care Physician			
Pain Specialist			
Nurse			
Social Worker			
Pharmacist			
Other			
Pharmacy			
24-hour Pharmacy			

**if you choose to e-mail your healthcare provider, keep it brief (no more than 100 words) and be specific about your concerns (e.g., clarification about a prescription, occurrence of side effects, etc.). Note: your provider will not be able to diagnose problems by e-mail.*

Take note of other resources you turn to for pain relief (e.g., chiropractor, massage therapist, nutritionist, fitness center):

Remember, YOU are a central part of your healthcare team.

Visit www.painfoundation.org to print additional pages.

QUESTIONS FOR MY HEALTHCARE PROVIDERS



Write down questions or concerns you have for your healthcare provider. Use the space provided to take notes during your visit so you can refer to them later.

Appointment with:
(Provider's Name)

Date:

Primary Reason(s) for Visit:

Symptoms/Medical problems you are having:

List of questions/concerns:

1.

.....

Answer:

.....

2.

Answer:

.....

3.

Answer:

.....

.....

Visit www.painfoundation.org to print additional pages.

MY MEDICATIONS



Make a list of all the medications you are currently taking, including over-the-counter drugs (e.g., aspirin, ibuprofen, cough, cold and allergy products that may contain these), dietary supplements (e.g., vitamins) and other herbal remedies (e.g., St. John's wort, ginkgo). It's important to write down dosages, as well as the purpose of each medication.


Keep this list up-to-date by adding new medications and drawing a line through those you are no longer taking. Take your list with you to each doctor's visit to help you remember which medications you're taking. Some herbs and medications can be dangerous when mixed with other over-the-counter or prescription pain medications. Don't stop any medications or skip doses without talking with your healthcare provider first.

PRESCRIPTION MEDICATIONS			
Drug name	Reason taken	Dose	How often you take it

OVER-THE-COUNTER MEDICINES, SUPPLEMENTS AND HERBS			
Drug name	Reason taken	Dose	How often you take it

Visit www.painfoundation.org to print additional pages.

MY PAIN SCALE

- 1  Use the space below to work through and define your personal pain scale. Two different pain scales are provided. Use whichever one you think is most helpful. Include words that help describe your pain (e.g., sharp, stabbing, tugging, burning).







Numeric Rating Scale

2

0	1	2	3	4	5	6	7	8	9	10
(no pain)										(unbearable/ worst pain ever)

Wong-Baker FACES Pain Rating Scale

3

					
0 NO HURT	1 HURTS LITTLE BIT	2 HURTS LITTLE MORE	3 HURTS EVEN MORE	4 HURTS WHOLE LOT	5 HURTS WORST

From Hockenberry MJ, Wilson D, Winkelstein ML: *Wong's Essentials of Pediatric Nursing*, ed. 7, St. Louis, 2005, p. 1259. Used with permission. Copyright, Mosby.

Visit www.painfoundation.org to print additional pages.

EASING PAIN DURING A FLARE UP



Pain flare ups can disrupt your life. If you're like other people living with pain, these flare ups can leave you feeling helpless and deflated. After doing so well, you're now overcome with pain and questioning whether you can muster the strength to get through it. Remind yourself that you've been here before and you have figured out ways to cope. Maybe it's calling your pain buddy—your anchor when you need support—praying, doing visualization exercises, basking in the unconditional love of a pet, watching a comedy or listening to your favorite music.

- 1 At the very least, mark this page so that next time you have a pain flare up you can read or say the following out loud:

You are strong. You will get through this. Remember, you've done it before.

- 3 Understanding what might trigger pain flares and taking note of what has worked in the past to help ease your pain is very important. Take a few minutes to jot down things that seem to cause your pain episodes, as well as steps you can take get relief.

- 4 **MY PAIN TRIGGERS** (e.g., heavy exercise, lifting, sitting in one place for too long):

EASING PAIN FLARES

DATE	WHAT I DID?	DID IT WORK?	HOW DID I FEEL?

Visit www.painfoundation.org to print additional pages.

Name Jane Doe

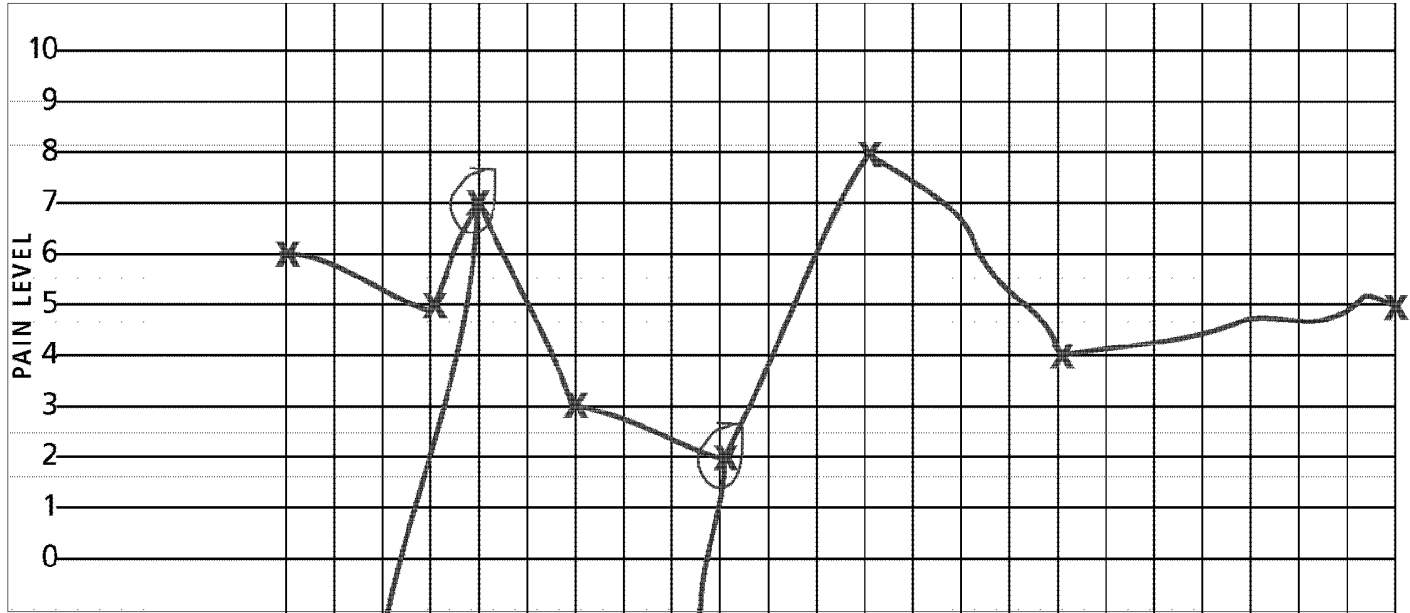
Day Thursday

Date December 9, 2007

1

DAILY PAIN CHART Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.

1



2

DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

#1 Morphine
(30 mg every 12 hours)

#2
#3 Tylenol
(every 5 hours as needed)

#4
#5

NON-DRUG THERAPIES (other than prescription or other medicines)

hot bath

ACTIVITIES/EXERCISE

walked dog

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

I forgot my morning medicine. I did a little too much yesterday and had to take it easy today.

I felt a little sad today, but was able to reach a friend to talk. My pain is pretty well under control,

but I need help with my breakthrough pain.

1 Name Jane Doe
Day Thursday
Date December 9, 2007

3 DAILY PAIN SUMMARY

2 Did you have pain today? ___ NO YES

3 Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

4 NO ___ YES: What activities?

5 Did you take all your pain medicine today according to instructions? ___ NO YES

Even though you took your pain medicine for

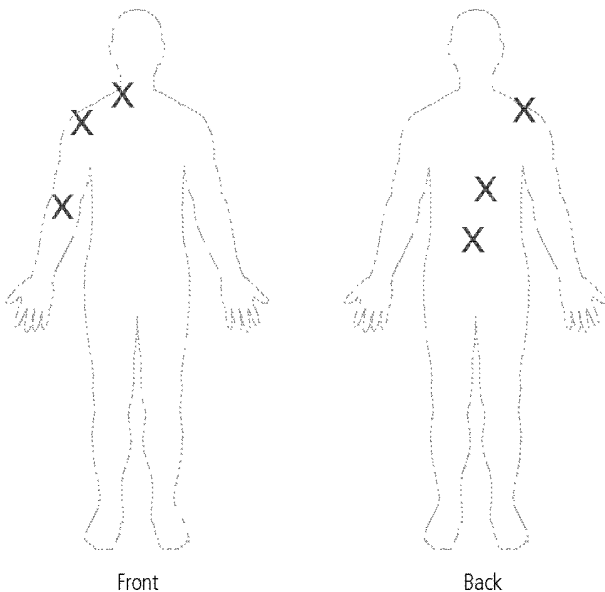
6 persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? ___ NO ___ YES

How many times did this happen today?

7 1 2 3 4 5 6 7 8 9 10 more than 10

8 Did any specific activity start your breakthrough pain? ___ NO YES: What activities?
walking my dog

9 Put an "X" on the body diagram to show each place you've had pain today.



What was your average level of pain today?

10 0 1 2 3 4 5 6 7 8 9 10

11 Other than prescription medicine, did you do anything else today to relieve the pain?

___ NO YES (Note any that you used.)

Non-prescription drugs (e.g., acetaminophen, ibuprofen)

___ Herbal remedies

Hot or cold packs

___ Exercise

___ Changing position (such as lying down or elevating your legs)

___ Physical therapy

___ Massage

___ Acupuncture

___ Rest

___ Psychological counseling

___ Talk to trusted friend, family, clergy

___ Prayer, meditation, guided imagery

___ Relaxation technique (hypnosis, biofeedback)

___ Creative technique (art or music therapy)

Other (e.g., specific chiropractic manipulation, osteopathic treatments):

took a hot bath

12 Check any of these common side effects that you've noticed after taking your pain medicine.

Drowsiness, sleepiness

___ Nausea, vomiting, upset stomach

___ Constipation

___ Lack of appetite

___ Other (describe):

13 Did you skip any of your scheduled pain medicines today? ___ NO YES: Why? I forgot

14 Did you call your doctor's office or clinic between visits because of pain? NO ___ YES

Did you sleep through the night? NO ___ YES

15 If not, how many times was your sleep disrupted? twice

16 How many hours did you sleep during the night? about 6 hours

17 Overall, are you satisfied with your pain management? YES ___ NO (Explain what makes you satisfied or not satisfied. Use Log section.)

18 What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

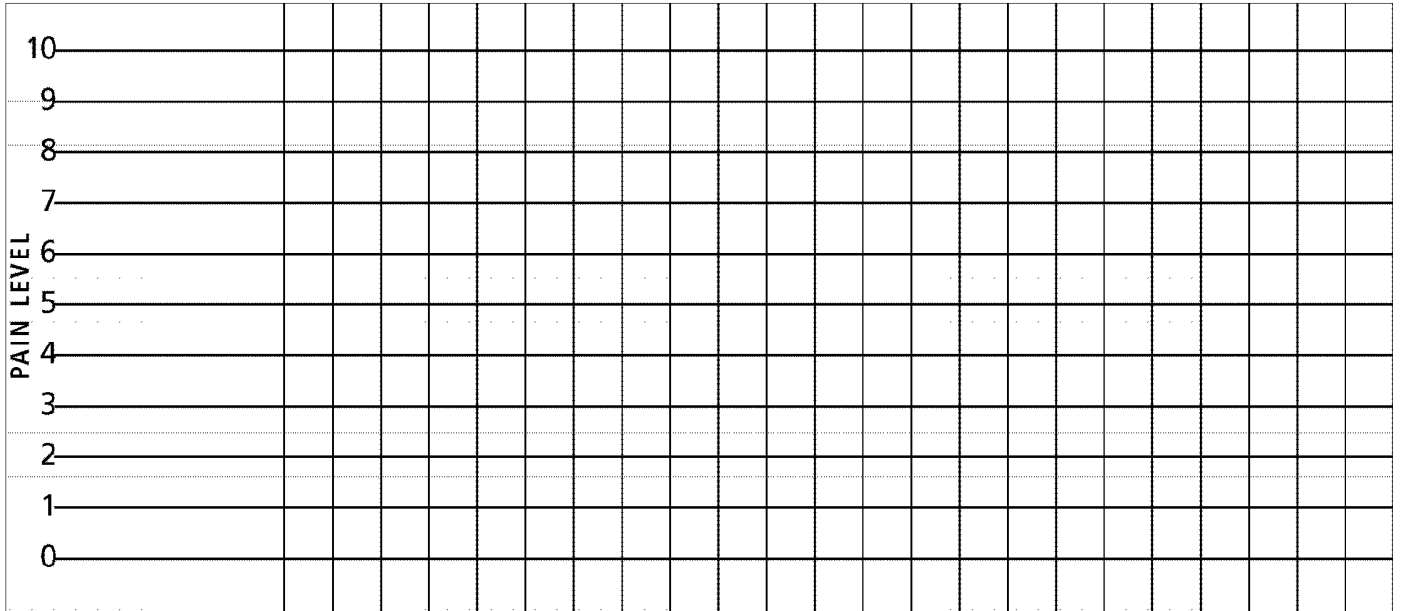
Name _____

Day _____

Date _____

1

DAILY PAIN CHART Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2

DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

	6am	7	8	9	10	11	12pm	1	2	3	4	5	6pm	7	8	9	10	11	12am	1	2	3	4	5
#1																								
#2																								
#3																								
#4																								
#5																								

NON-DRUG THERAPIES (other than prescription or other medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3 DAILY PAIN SUMMARY

Did you have pain today? NO YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

NO YES: What activities?

Did you take all your pain medicine today according to instructions? NO YES

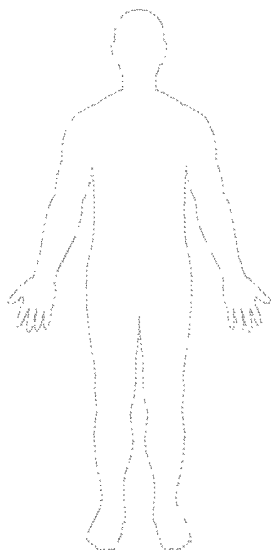
Even though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? NO YES

How many times did this happen today?

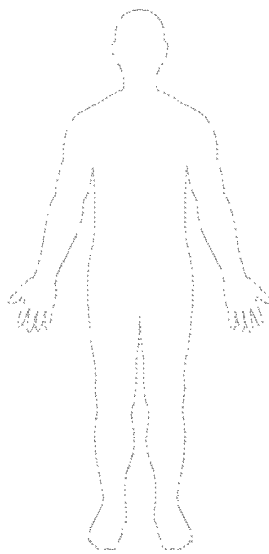
1 2 3 4 5 6 7 8 9 10 more than 10

Did any specific activity start your breakthrough pain? NO YES: What activities?

Put an "X" on the body diagram to show each place you've had pain today.



Front



Back

What was your average level of pain today?

0 1 2 3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?

NO YES (Note any that you used.)

Non-prescription drugs (e.g., acetaminophen, ibuprofen)

Herbal remedies

Hot or cold packs

Exercise

Changing position (such as lying down or elevating your legs)

Physical therapy

Massage

Acupuncture

Rest

Psychological counseling

Talk to trusted friend, family, clergy

Prayer, meditation, guided imagery

Relaxation technique (hypnosis, biofeedback)

Creative technique (art or music therapy)

Other (e.g., specific chiropractic manipulation, osteopathic treatments):

Check any of these common side effects that you've noticed after taking your pain medicine.

Drowsiness, sleepiness

Nausea, vomiting, upset stomach

Constipation

Lack of appetite

Other (describe):

Did you skip any of your scheduled pain medicines today? NO YES: Why?

Did you call your doctor's office or clinic between visits because of pain? NO YES

Did you sleep through the night? NO YES

If not, how many times was your sleep disrupted?

How many hours did you sleep during the night?

_____ hours

Overall, are you satisfied with your pain management?

YES NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

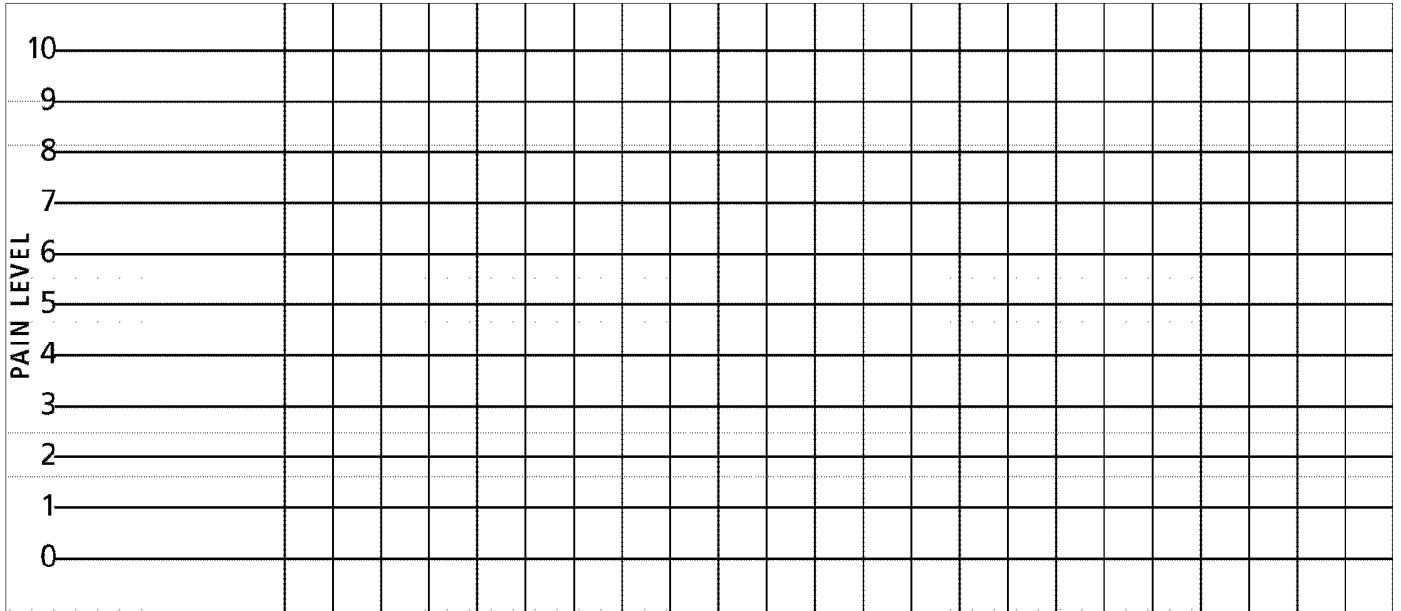
Name _____

Day _____

Date _____

1

DAILY PAIN CHART Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2

DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

	6am	7	8	9	10	11	12pm	1	2	3	4	5	6pm	7	8	9	10	11	12am	1	2	3	4	5
#1																								
#2																								
#3																								
#4																								
#5																								

NON-DRUG THERAPIES (other than prescription or other medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3 DAILY PAIN SUMMARY

Did you have pain today? ___NO ___YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

___NO ___YES: What activities?

Did you take all your pain medicine today according to instructions? ___NO ___YES

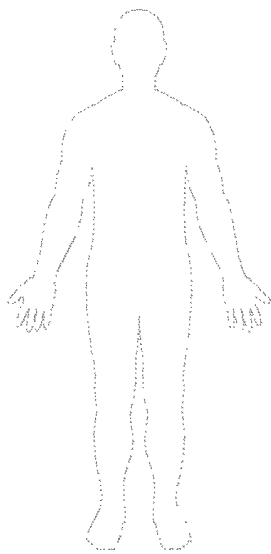
Even though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? ___NO ___YES

How many times did this happen today?

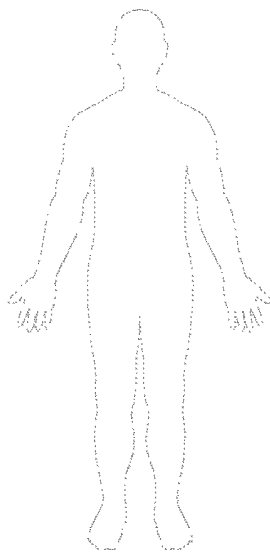
1 2 3 4 5 6 7 8 9 10 more than 10

Did any specific activity start your breakthrough pain? ___NO ___YES: What activities?

Put an "X" on the body diagram to show each place you've had pain today.



Front



Back

What was your average level of pain today?

0 1 2 3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?

___NO ___YES (Note any that you used.)

___ Non-prescription drugs (e.g., acetaminophen, ibuprofen)

___ Herbal remedies

___ Hot or cold packs

___ Exercise

___ Changing position (such as lying down or elevating your legs)

___ Physical therapy

___ Massage

___ Acupuncture

___ Rest

___ Psychological counseling

___ Talk to trusted friend, family, clergy

___ Prayer, meditation, guided imagery

___ Relaxation technique (hypnosis, biofeedback)

___ Creative technique (art or music therapy)

___ Other (e.g., specific chiropractic manipulation, osteopathic treatments):

Check any of these common side effects that you've noticed after taking your pain medicine.

___ Drowsiness, sleepiness

___ Nausea, vomiting, upset stomach

___ Constipation

___ Lack of appetite

___ Other (describe):

Did you skip any of your scheduled pain medicines today? ___NO ___YES: Why?

Did you call your doctor's office or clinic between visits because of pain? ___NO ___YES
.....

Did you sleep through the night? ___NO ___YES

If not, how many times was your sleep disrupted?

How many hours did you sleep during the night?

_____ hours
.....

Overall, are you satisfied with your pain management? ___YES ___NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

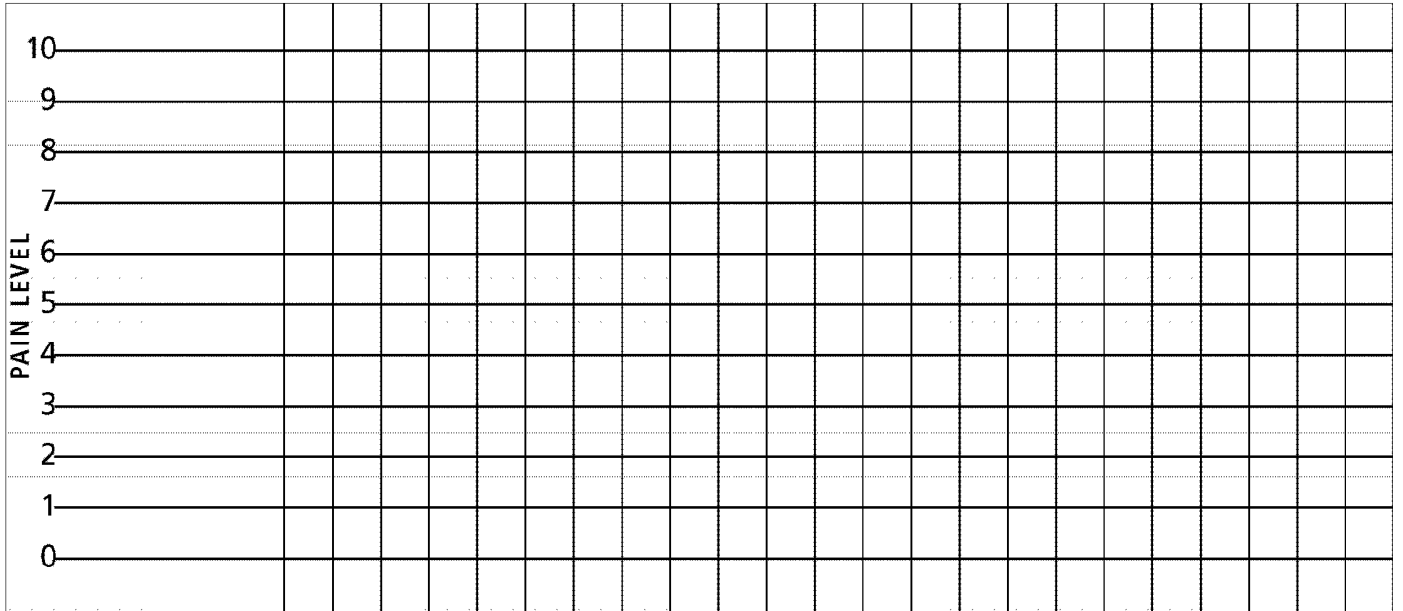
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Day _____

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NON-DRUG THERAPIES (other than prescription or other medicines)

ACTIVITIES/EXERCISE

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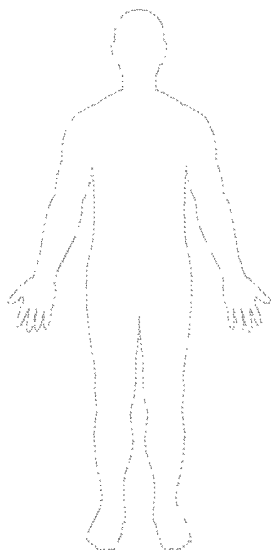
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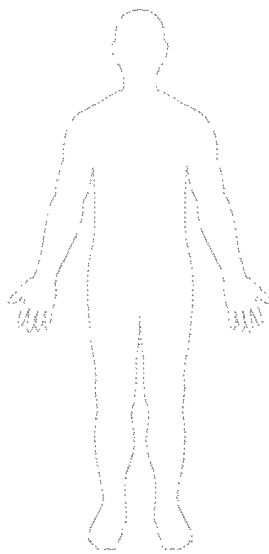
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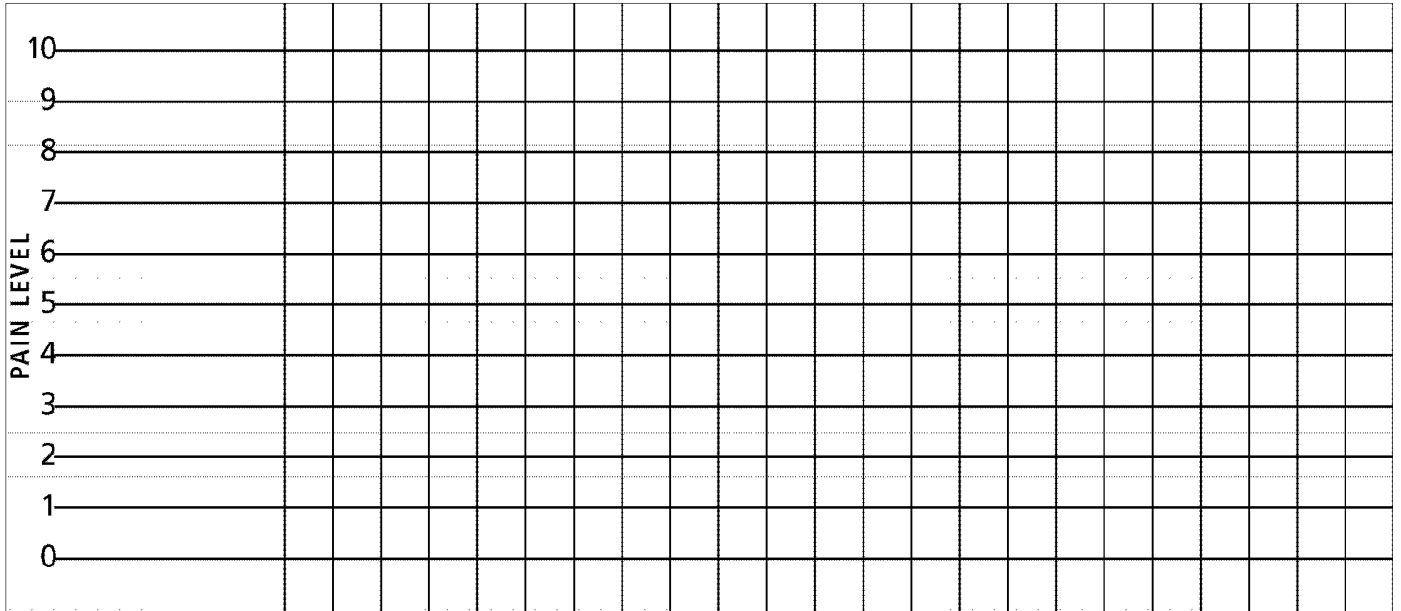
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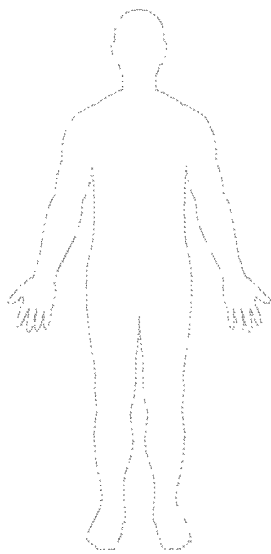
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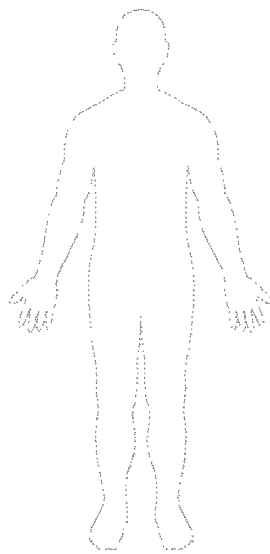
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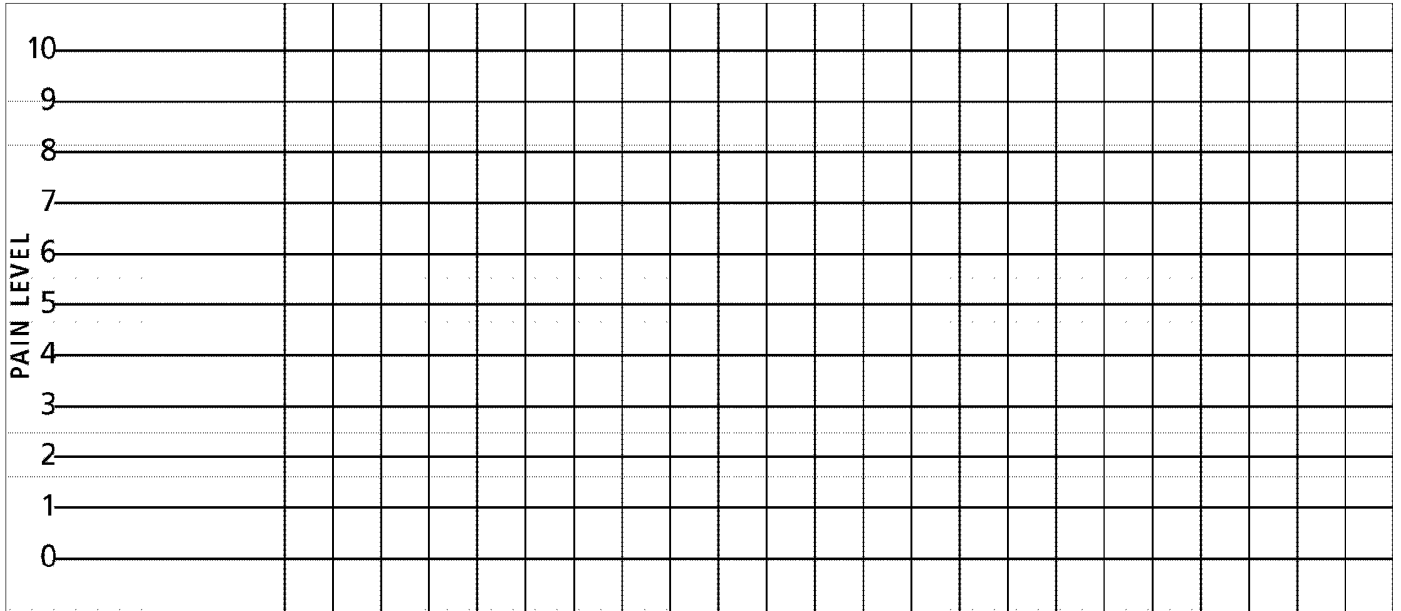
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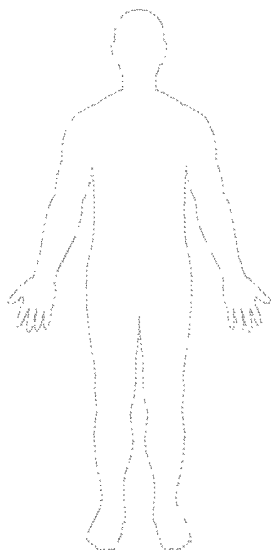
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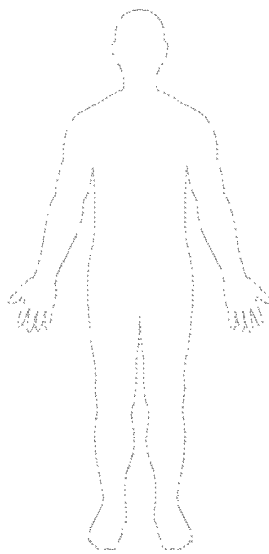
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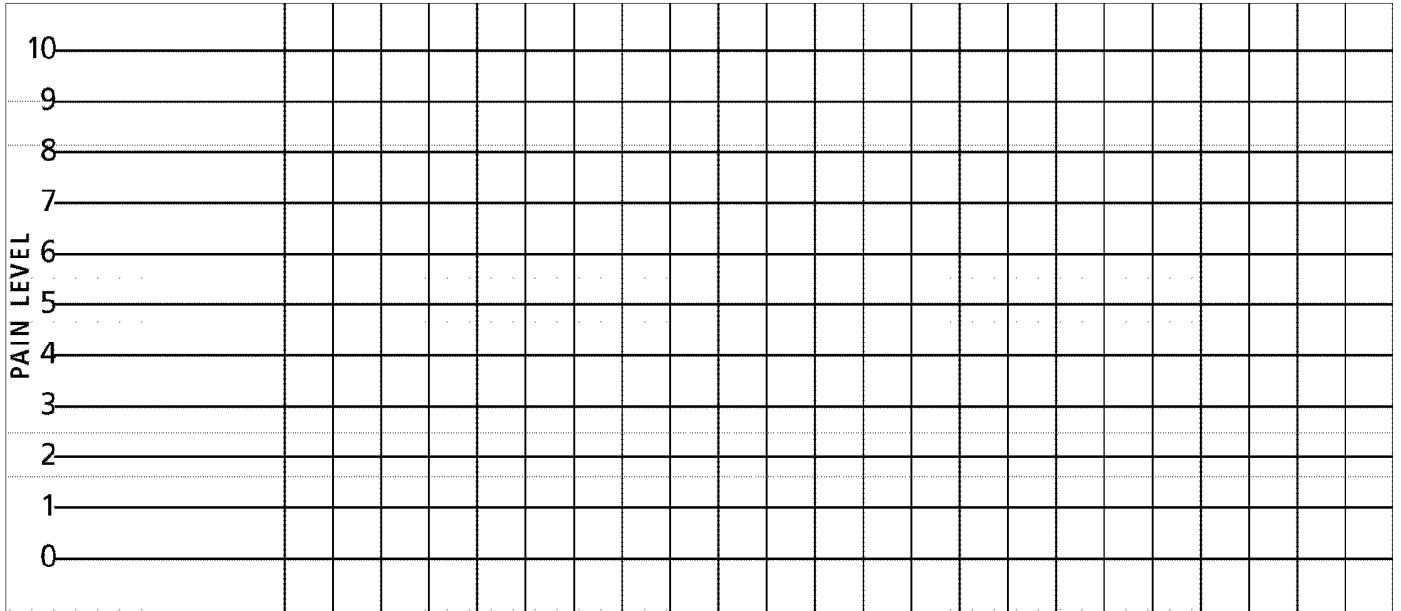
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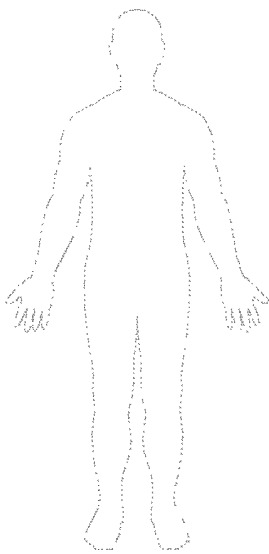
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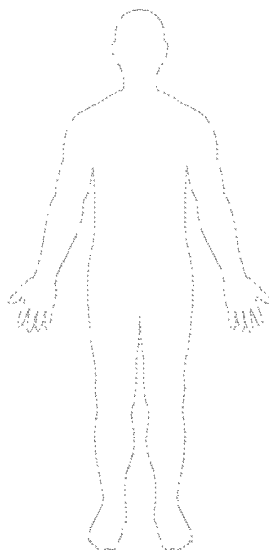
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Front



Back

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How many hours did you sleep during the night?

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Overall, are you satisfied with your pain management? YES NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

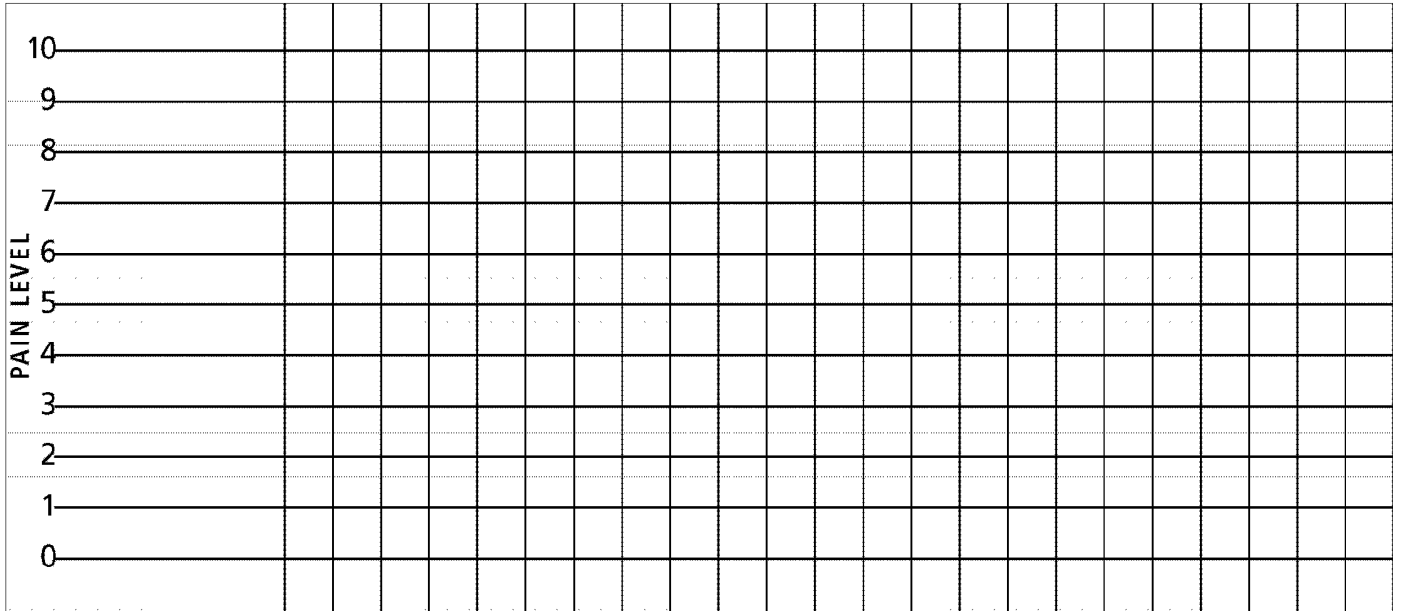
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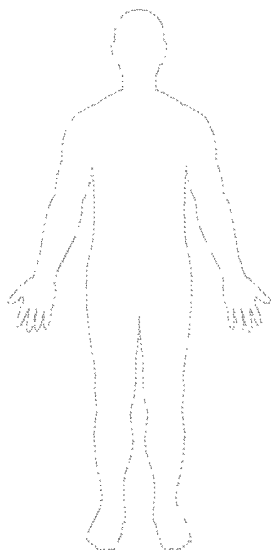
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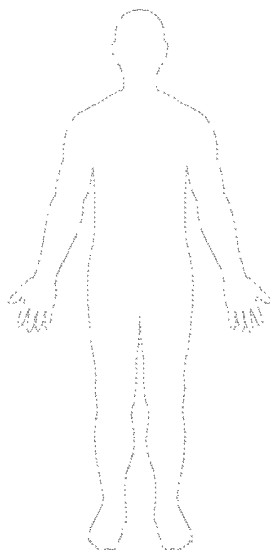
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Front



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Other than prescription medicine, did you do anything else today to relieve the pain?

- ___ NO ___ YES (Note any that you used.)
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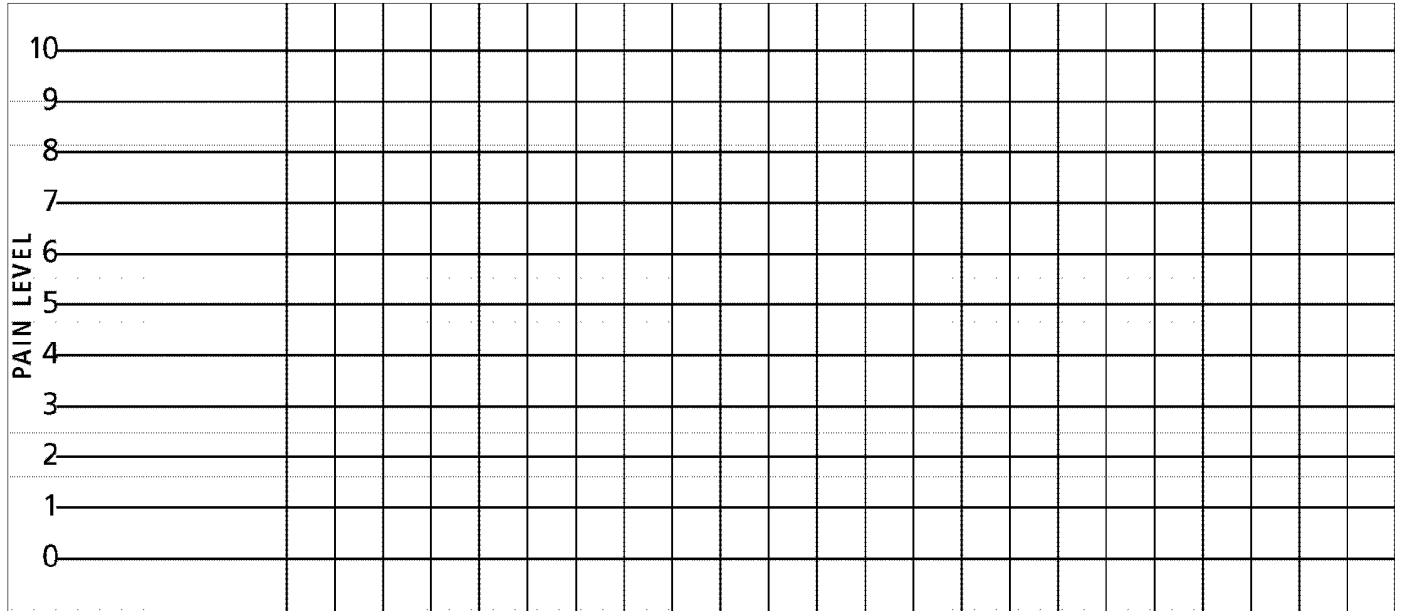
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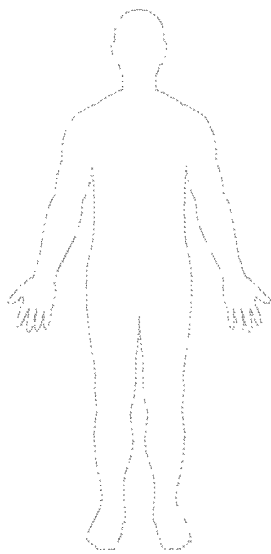
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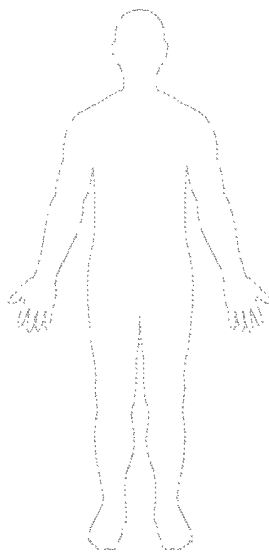
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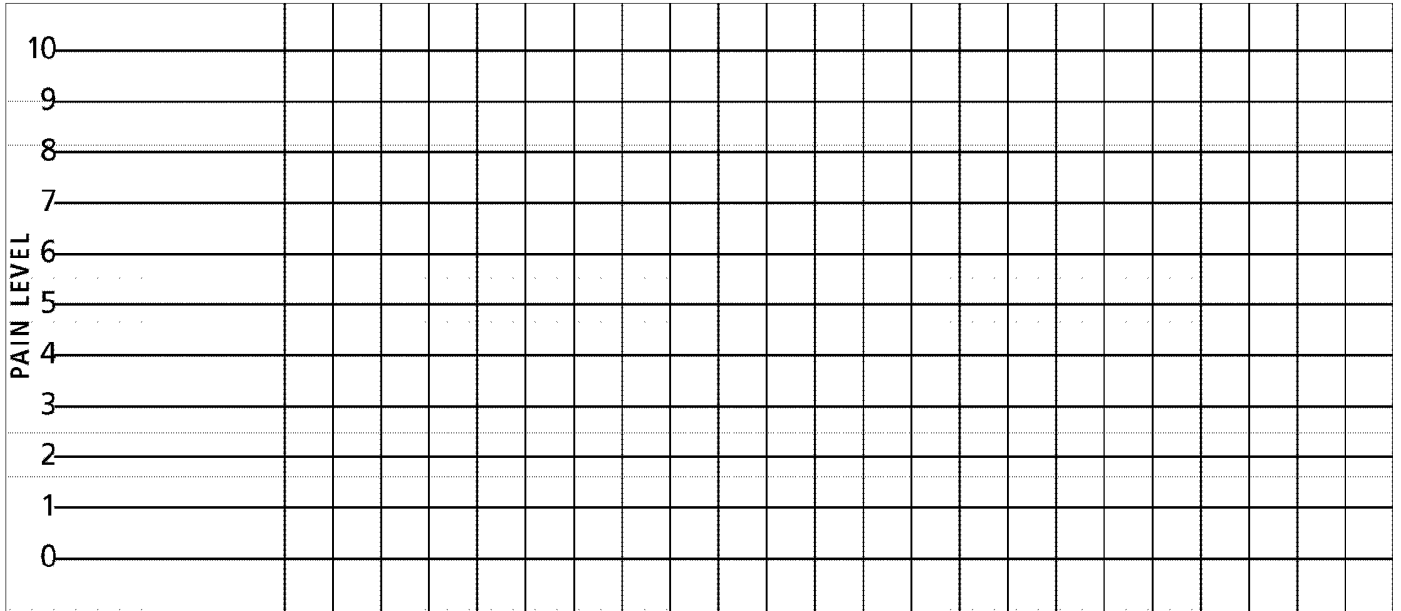
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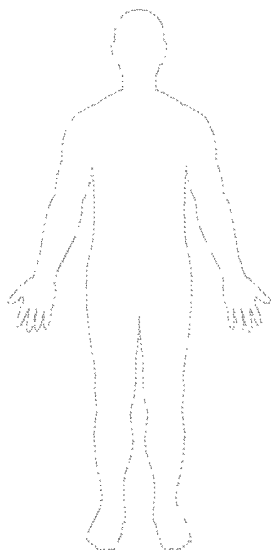
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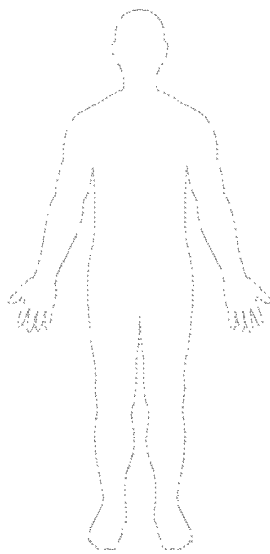
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- Other (describe):

Did you skip any of your scheduled pain medicines today? NO YES: Why?

Did you call your doctor's office or clinic between visits because of pain? NO YES

Did you sleep through the night? NO YES
If not, how many times was your sleep disrupted?

How many hours did you sleep during the night?
_____ hours

Overall, are you satisfied with your pain management? YES NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

NOTES

LEARN MORE ABOUT PAIN RELIEF

American Pain Foundation

(useful information and links to disease-specific information)
www.painfoundation.org
1-888-615-PAIN

Alliance of State Pain Initiatives

(find listings of state initiatives)
www.aspi.wisc.edu
1-608-265-4013

American Chronic Pain Association

www.theacpa.org
1-800-533-3231

CancerCare

www.cancerca.org
1-800-813-4673

Hospice Foundation of America

www.hospicefoundation.org
1-800-854-3402

Mayo Clinic Pain Management Center

www.mayoclinic.com/health/Diseases/Index/DiseasesIndex

National Institutes of Health

www.nih.gov
1-301-496-4000

National Pain Foundation

www.nationalpainfoundation.org

Pain.com

www.pain.com

PROFESSIONAL PAIN ORGANIZATIONS

American Academy of Pain Management

www.aapainmanage.org
1-209-533-9744

American Academy of Pain Medicine

www.painmed.org
1-847-375-4731

American Board of Pain Medicine

www.abpm.org
1-847-375-4726

American Pain Society

www.ampainsoc.org
1-847-375-4715

American Society for Pain Management Nursing

www.aspmn.org
1-888-342-7766

Case Management Resource Guide

www.cmrg.com
1-800-784-2332

Commission on Accreditation of Rehabilitation Facilities

www.carf.org
1-520-325-1044

SHARE YOUR FEEDBACK

We welcome your feedback on the Pain Notebook. Is it easy to use? Is it useful? Please send comments and suggestions for this and other publications to: publications@painfoundation.org.



Pain Care Bill of Rights

As a person with pain, you have a right to:

- Have your report of pain taken seriously and be treated with dignity and respect by doctors, nurses, pharmacists, social workers, physician assistants and other healthcare professionals.
- Have your pain thoroughly assessed and promptly treated.
- Participate actively in decisions about how to manage your pain.
- Be informed and know your options; talk with your healthcare provider about your pain – possible cause(s), treatment options and the benefits, risks and cost of each choice.
- Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- Be referred to a pain specialist if your pain persists.
- Get clear and prompt answers to your questions, take time to make decisions, and refuse a particular type of treatment if you choose.

Finding good pain care and taking control of pain can be hard work. Learn all you can about pain and possible treatments, and insist on the care you need and deserve.



American Pain Foundation
A United Voice of Hope and Power over Pain

Although not always required by law, these are the rights you should expect for your pain care.

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www.painfoundation.org

Things to Remember:

- 1. Share your story.*
- 2. Never give up.*
- 3. Fight for it.*
- 4. Take one day at a time.*
- 5. Stay Focused.*
- 6. Accept the challenge and take action.*
- 7. Set Goals.*
- 8. Believe in yourself.*
- 9. Visualize success.*

Source: Adapted from Walter Reed Army Medical Center



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